A., []	
Recipient Committee Campaign Statement Cover Page	7/19/23 CALIFORNIA 460
Statement covers period from $1-1-2023$ SEE INSTRUCTIONS ON REVERSE  through $6-30/2023$	Date of election if applicable: (Month, Day, Year)  Date of election if applicable: (Month, Day, Year)  OS ANGELES COUNT For Official Use Only  CAMPAIGN FINANCE
1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.  Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee Officeholder Committee Officeholder Committee Officeholder Committee Officeholder Committee Officeholder Committee Officeholder Committee	2. Type of Statement:  Preelection Statement
3. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) HANGES  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) HANGES  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) HANGES  AVS  AREA D 20 2 0	Treasurer(s)  NAME OF TREASURER  MAII ING ADDRESS  CITY  Of STATE ZIP CODE AREA CODE PHONE
STATE ZIP CODE AREA CODE/PHONE  A 10 20 3/0 -9/5-9506  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	NAME OF ASSISTANT TREASURER, IF ANY  MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS	OPTIONAL: FAX / E-MAIL ADDRESS
4. Verification  I have used all reasonable diligence in preparing and reviewing this statement and to to certify under penalty of perjury under the laws of the State of California that the foregoi  Executed on 2/8 2023  By	t
Date Svenuted on Svenue	Signature of Controlling Officeholder, Candidate, State Measure Proponent  Signature of Controlling Officeholder, Candidate, State Measure Proponent

Officeholder or Candidate Controlled Committee	6. Primarily Formed Ballot Measure Committee
NAME OF DEFICE HOLDER OR CANDIDATE	NAME OF BALLOT MEASURE
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  TWELL CUSD AND	BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE
STATE ZIP	Identify the controlling officeholder, candidate, or state measure proponent, if any.
Related Committees Not Included in this Statement: List any committees	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT
not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	THUS TEE COMPON UNITED. AREA
COMMITTEE NAME I.D. NUMBER	
NAME OF TREASURER  CONTROLLED COMMITTEE?  YES NO	<ol> <li>Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.</li> </ol>
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE
COMMITTEE NAME I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE
NAME OF TREASURER  CONTROLLED COMMITTEE?  YES NO  COMMITTEE ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE	Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

**SUMMARY PAGE** 

CALIFORNIA 460

Statement covers period

SEE INSTRUCTIONS ON REVERSE				through	,-30-2023	Page 3 of 17
NAME OF FILER  CONTRIBUTIONS Received	le	Dovs Cus	P. 2020			1.D. NUMBER 1419722
Contributions Received		Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)	Column CALENDAR Y TOTAL TO D	'EAR	1	nmary for Candidates ne State Primary and
1. Monetary Contributions Schedule A, Line 3	\$		\$		1/1	through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3						777 (5 24.6
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$		\$		20. Contributions  Received \$	\$
4. Nonmonetary Contributions				<del></del>	21. Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$		\$	<del></del>	Made \$	<b></b> \$
Expenditures Made		6		1	Expenditure Limit	Summary for State
6. Payments Made Schedule E, Line 4	\$		\$		Candidates	•
7. Loans Made Schedule H, Line 3				<u></u>	22 Cumulet	F
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	<u> </u>	\$	<del></del>		ive Expenditures Made* o Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)					Date of Election	Total to Date
10. Nonmonetary Adjustment					(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$		\$	<del></del>		\$
Current Cash Statement		CAD A				\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	6 4801 TO	To calculate Colur	nn B.		
13. Cash Receipts Column A, Line 3 above		-	add amounts in C			
14. Miscellaneous Increases to Cash Schedule I, Line 4			A to the correspon amounts from Col	umn B	*Amounts in this section reported in Column B.	may be different from amounts
15. Cash Payments Column A, Line 8 above		1/2	of your last report. amounts in Colum			
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	648,17	be negative figure	s that		
If this is a termination statement, Line 16 must be zero.		/	should be subtract previous period ar	nounts. If		•
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	<u></u>	this is the first repe filed for this calend only carry over the	dar year, amounts		
Cash Equivalents and Outstanding Debts			from Lines 2, 7, ar any).	nd 9 (if		
18. Cash Equivalents See instructions on reverse	\$					
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$				FPPC Advice: ad	FPPC Form 460 (Jan/2016 vice@fppc.ca.gov (866/275-3772 www.fppc.ca.go

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement cov	rers period	CALIFORNIA 460		
SEE INSTRUCTION	DNS ON REVERSE			through 6 30 3023		Page 4 of 7		
NAME OF FILER	1/155 TO RE Elect Charles	Dails	(USP) 202	- 6		1.D. NUME	9722	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
	NONE	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		□IND □COM □OTH □PTY □SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			:			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
,		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	6				
Amount red     (Include all	A Summary  ceived this period — itemized monetary contribution  I Schedule A subtotals.)  ceived this period — unitemized monetary contribut				IND - COM OTH PTY	other that Other (e.g. Political P	t Committee an PTY or SCC) g., business entity) Party	
	etary contributions received this period. 1 and 2. Enter here and on the Summary Page, C	Column A, Line 1	.) <b>TOTAL</b> \$	6	scc		ntributor Committee	

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary (	Ionetary Contributions Received		dollars.		023	FORM 460	
				through <u>6-30-</u>	100)	Page _	10
VAME OF FILER	14722 TO RESECT Charles	AND CI	189 AleaD	2020		1.D. NUI	MBER 19722
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
	NUNZ.	□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		IND COM OTH PTY SCC					
			SUBTOTAL			F. 1	

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded

Schedule B – Part 1 Loans Received		to whole dollars	i.		from // /	ers period	CALIFORN FORM	<sup>IA</sup> 460
SEE INSTRUCTIONS ON REVERSE					through 6 80	123	Page	of
NAME OF FILER			Λ.	- ^ ~			I.D. NUMBER	
COMM 4722 40 162	EC ( Chapulan	MY CO	BD AN	14-7)	2020		14191	22
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAII OR FORGIVE THIS PERIOE	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
W D/	15			PAID  \$ FORGIVEN	s	RATE	\$	\$PER ELECTION**
TO IND COM OTH PTY SCC.		\$	\$	\$	DATE DUE	5	DATE INCURRED	\$
				PAID  \$ FORGIVEN	\$	% RATE	\$	\$PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCO		\$	\$	\$ PAID  \$ FORGIVEN	DATE DUE	RATE %	\$DATE INCURRED	\$ PER ELECTION**
	S	SUBTOTALS \$		<u> </u>	\$	\$ ()		
Schedule B Summary  1. Loans received this period				\$	0	(Enter (e) on Sche	dule E, Line 3)	
(Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that 3. Net change this period. (Subtract Line Enter the net here and on the Summar	ns of less than \$100.)00 paid or forgiven.) It are also itemized on Schele e 2 from Line 1.)	edule A.)				(	Contributor Codes ND – Individual COM – Recipient C (other than I DTH – Other (e.g., PTY – Political Part GCC – Small Contri	ommittee PTY or SCC) business entity)

(May be a negative number)

\*Amounts forgiven or paid by another party also must be reported on Schedule A. \*\* If required.

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule	В	_	P	art	2
Loan Gua	ıra	nt	0	rs	

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 2

Schedule B – Part 2  Loan Guarantors  Amounts may be rounded to whole dollars.				State:	ment covers period ト <u> </u>	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER				through	1-2023	Page Z	_ of/	
MAME OF FILER  COMMITTER TO RESECT	Chaple	SDAVS CUST	ADDA D	20	20_	1419	722	
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IC AN INDIVIDUAL ENTED	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE	
NME	☐IND☐COM☐OTH☐PTY☐SCC		LENDER DATE			\$ PER ELECTION (IF REQUIRED)		
	□IND □COM □OTH □PTY □SCC		LENDER			CALENDAR YEAR  \$ PER ELECTION (IF REQUIRED)  \$		
	□IND □COM □OTH □PTY □SCC		LENDER	-		\$ PER ELECTION (IF REQUIRED)		
	□IND □CØM □OTH □PTY □SCC		LENDER			\$ PER ELECTION (IF REQUIRED)		
. 1			SUE	BTOTAL	\$	Enter on Summary Page, Line 17 only.		

Schedule C			Amounts may be rounded				SCHEDULE		
	netary Contributions Received		to whole dollars.		Statement covers	o 23 FC	ORNIA 460		
	CTIONS ON REVERSE				through 130 - U	723 Page_	\$ of 17		
NAME OF FILE	nm Hzz Wleskar (	haple	5 JANIS AD	AD 21	520	1.D. NUN	_		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION ( GOODS OR SERV		CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)		
	NONS	□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					,		
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	TAL\$				
1. Amount (Include	e C Summary  received this period – itemized nonmonetary all Schedule C subtotals.)	•••••••			\$		al ent Committee han PTY or SCC) e.g., business entity)		

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees  SEE INSTRUCTIONS ON REVERSE		Amounts may be r to whole dolla		Statement cover	rs period	CALIFORNIA 460 FORM  Page of		
NAME OF FILER	1-2-	Roslew C	harlestons	Anora D	Euso Z	020	I.D. NUM	19722
DATE	MEASURE NUMBER OR L	OFFICE, AND DISTRICT, OR ETTER AND JURISDICTION, MMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAI (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
·		000	Monetary Contribution Nonmonetary Contribution					
	☐ Support	☐ Oppose	Independent Expenditure					
			☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent		,		·	
	☐ Support	Oppose	Expenditure					
	□ Support	Oppose .	Monetary Contribution Nonmonetary Contribution Independent					

SUBTOTAL \$

## **Schedule D Summary**

- 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....\$
- 2. Unitemized contributions and independent expenditures made this period of under \$100......\$

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) to whole dollars. **Summary of Expenditures** Statement covers period **CALIFORNIA Supporting/Opposing Other** FORM **Candidates, Measures and Committees** NAME OF FILER I.D. NUMBER Comm 1 829 70 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR CUMULATIVE TO DATE PER ELECTION DESCRIPTION **AMOUNT THIS** DATE MEASURE NUMBER OR LETTER AND JURISDICTION. TYPE OF PAYMENT CALENDAR YEAR TO DATE (IF REQUIRED) **PERIOD** OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) ☐ Monetary Contribution Nonmonetary Contribution Independent ☐ Support Oppose Expenditure ☐ Monetary Contribution ☐ Nonmonetary Contribution Independent ☐ Support ☐ Oppose Expenditure Monetary Contribution □ Nonmonetary Contribution Independent ☐ Support Oppose Expenditure ☐ Monetary Contribution ☐ Nonmonetary Contribution Independent ☐ Oppose ☐ Support Expenditure SUBTOTAL \$

S	ch	edı	ule l	E	
P	ay	me	nts	Mad	eb

Amounts may be rounded to whole dollars.

Statement covers period from  $\left(-\frac{1}{2}, \frac{2}{2}, \frac{2}{3}, \frac{2}{3$ 

CALIFORNIA 460

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

o fle Ex Charle Davis Chs D ADOND 2020

1419722

AMOUNT PAID

I.D. NUMBER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)\*

NAME AND ADDRESS OF PAYEE

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

CODE

OR

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

**DESCRIPTION OF PAYMENT** 

WEB information technology costs (internet, e-mail)

(IF COMMITTEE, ALSO, ENTER D. NUMBER)	0001				
NON -					
* Payments that are contributions or independent expenditures must also be summarized on Sche	dule D.			SUBTOTAL \$	1
Schedule E Summary					
1. Itemized payments made this period. (Include all Schedule E subtotals.)				\$	0
2. Unitemized payments made this period of under \$100				\$	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Par	t 1, Columr	ı (e).)		\$	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on	the Summa	ary Page, C	Column A, Line 6.)	TOTAL \$~	5/

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

from 1-1-2023	FORM 460
through 6 30 2023	Page / 2 of 17
$\sim$	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. CNS campaign consultants

contribution (explain nonmonetary)\* CVC civic donations

candidate filing/ballot fees fundraising events

independent expenditure supporting/opposing others (explain)\* IND

legal defense LEG

LIT campaign literature and mailings MBR member communications MTG meetings and appearances

OFC office expenses petition circulating

PHO phone banks

POL polling and survey research POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor TSF

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NONZ			
			-
Payments that are contributions or independent expenditures must also be summarized on Sche	edule D.	. S	UBTOTAL \$

FPPC Form 460 (Jan/2016))

Schedule	e F		
Accrued	<b>Expenses</b>	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

Statement covers period

**CALIFORNIA FORM** 

SEE	INS	TRUC	TIONS	ON	RE\	/ERSE

NAME OF FILER

I.D. NUMBER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. returned contributions campaign consultants MTG meetings and appearances campaign workers' salaries contribution (explain nonmonetary)\* office expenses t.v. or cable airtime and production costs petition circulating PET CVC civic donations candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees staff/spouse travel, lodging, and meals POL polling and survey research fundraising events postage, delivery and messenger services transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* TSF voter registration legal defense professional services (legal, accounting) LEG WEB information technology costs (internet, e-mail) PRT campaign literature and mailings print ads

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
NON					
		_			
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	s & .	\$	; ;	\$

### Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)......PAID TOTALS

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and 

May be a negative number FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule F	
(Continuation Sheet)	
Accrued Expenses (Unpaid B	ills)

Amounts may be rounded to whole dollars.

Statement covers period

**CALIFORNIA FORM** 

SCHEDULE F (CONT.)

I.D. NUMBER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants CTB contribution (explain nonmonetary)\*

CVC civic donations

NAME OF FILER

candidate filing/ballot fees

fundraising events

independent expenditure supporting/opposing others (explain)\* IND

LEG legal defense

campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

petition circulating PHO phone banks

polling and survey research POL

POS postage, delivery and messenger services

PRO professional services (legal, accounting) PRT print ads

RAD radio airtime and production costs

RFD returned contributions

campaign workers' salaries SAL

t.v. or cable airtime and production costs

candidate travel, lodging, and meals

staff/spouse travel, lodging, and meals TRS

TSF transfer between committees of the same candidate/sponsor

voter registration VOT

WEB information technology costs (internet, e-mail)

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b)  AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
NOW Z					
					:
	SUBTOTALS	\$	\$ 0	\$	\$ 0

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from 1-1-2013	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	· · · · · · · · · · · · · · · · · · ·	through 30-2023	Page / 5 of / 7
NAME OF FILER COMMISSION TO POSITED	Charle Dave Cuso	ARRO 2020	1.D. NUMBER 1419722
NAME OF AGENT OR INDEPENDENT CONTRACTOR		, , , , ,	·

COL	<b>It one of the following codes accurately describes</b>	s tne	payment, you may enter the code. Other	rwise	, describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals

fundraising events POL polling and survey research independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services IND legal defense LEG

PRO professional services (legal, accounting) PRT print ads

staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

campaign literature and mailings

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
N7W 2				·	

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$



<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

								SCHEDULE H
Schedule H Loans Made to Others*		Amounts may be rounded to whole dollars.				rs period ししろ	CALIFORN FORM	HA 460
SEE INSTRUCTIONS ON REVERSE					through 6-30-2	2023	Page / L	of_17_
NAME OF FILER	Elect Chaple	Shave "	USD 1	Area	D 202	- 0	1.D. NUMBER	722
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
NON 2	7	\$		PAID  \$ FORGIVEN	\$ DATE DUE	% RATE	\$DATE INCURRED	\$PER ELECTION**
		\$	\$	PAID  S FORGIVEN  S FORGIVEN	\$	% RATE	\$DATE INCURRED	CALENDAR YEAR  \$  PER ELECTION**  \$
*Loans that are contributions to another candidate of also be summarized on Schedule D. Loans forgiver reported on Schedule E.	must also he	SUBTOTALS	\$	\$	\$	\$		
Schedule H Summary						(Enter (e) on Schedule I, Line 3)		
<ol> <li>Loans made this period</li></ol>	nents of less than \$100.)				\$\$ 	<b>3</b>		**If Required

(May be a negative number)

Schedule I Miscellaneous Increases to Cash  SEE INSTRUCTIONS ON REVERSE		Amounts may be rounded to whole dollars.	Statement covers period from 1-1-2523 through 35-2523	CALIFORNIA 460
			throughe	Page // of //
NAME OF FILER	4 14/25 TO RESECT Chan	ls Davis CUSD ARE	4D 2020	1.D. NUMBER 14/9722
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
		5		
Attach additional information on appropriately labeled continuation sheets.			SUBTOTAL	-\$
2. Unitemized	creases to cash this period	dto others. (Schedule H, Column (e).)	\$	_
4. Total misce	ellaneous increases to cash this period. (Ad		TOTAL \$	FPPC Form 460 (Jan/2016)) ice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov